

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					DD5/OC-050	
1. TITLE OF REPORT (if a fill-in report include Form No.) Trip Reports (TDY)					2. TYPE OF REPORT	
					STATISTICAL	
					XX NARRATIVE	
					MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		XX PERSONNEL	TRAINING	XX ADMIN. GENERAL		
		LOGISTICS	SECURITY	OTHER (specify)		
		MEDICAL	FINANCE	COMMUNICATIONS		
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Aperiodic			6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Memo		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		YES	IF YES GIVE ADP PROCESSING NO.			
		X NO				
10. PREPARING COMPONENT (include lowest level contributing information to report) OC-CCD/CCL/COB			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X
						TIMES PREPARED
						=
						COST PER YEAR
16, Step 5	\$14.46		8		\$116.00	1
16, Step 3	13.61		8		109.00	1
15, Step 4	12.10		8		97.00	2
14, Step 3	10.07		16		160.00	2
						TOTALS
						\$ 739.00
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
XX RETAIN AS IS					MAN-HOURS	
CHANGE					DOLLARS	
DISCONTINUE						
16. DATE OF INVENTORY 7 Oct. 70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION
						STAT